

Eligibility

Division of Health Care Financing - Division of Disability & Elder Services
Medicaid Services to Seniors - February 9, 2005



Mandatory Coverage - Categorically Needy

- Supplemental Security Income (SSI) program recipients are automatically eligible for Medicaid.
- States have certain policy options for this group and similar individuals. These options were chosen by each state at the inception of the Medicaid program.



Mandatory Coverage - Categorically Needy

Section 1634

- Section 1634 states use data from the Social Security Administration to add all SSI recipients to their Medicaid eligibility file
- Non-Section 1634 states require SSI recipients to file an application for Medicaid. These individuals are still eligible for Medicaid because of their SSI recipient status.
- Wisconsin is a Section 1634 state.



Mandatory Coverage - Categorically Needy

209(b)

- 209(b) states have financial eligibility rules that can be more restrictive than the rules of the SSI program.
- Non-209(b) states have rules for the elderly, blind and disabled that are no more restrictive than the rules of the SSI program.
- Wisconsin is a non-209(b) state.



Mandatory Coverage - Categorically Needy

	Wisconsin	Minnesota	Illinois	Michigan	Iowa	Indiana
1634?	Yes	No	No	Yes	Yes	No
209(b)?	No	Yes	Yes	No	No	Yes
Group Size 1	\$662.78 *	\$776	\$776	\$776	\$579	\$595
Group Size 2	\$1001.05*	\$1,041	\$1,041	\$1,041	\$869	\$885
Asset Limit	\$2000/ \$3000 **	\$3,000/ \$6,000	\$2,000/ \$3,000	\$2,000/ \$3,000	\$2,000/ \$3,000 (\$10,000 for Med. needy)	\$1500/ \$2,250
<p>Based on SSI payment supplements established by states</p> <p>*Minimum allowed as a non-209(b) state</p> <p>**Minimum allowed by law</p>						



Mandatory Coverage - Medicare Premium Assistance

There are three Medicare Premium Assistance programs that provide help with Medicare costs for qualifying individuals:

- QMB - Qualifying Medicare Beneficiaries
- SLMB - Specified Low-Income Medicare Beneficiaries
- QI-1 - Qualifying Individuals 1



Optional Coverage - Medically Needy

The Medically Needy program allows persons with incomes that exceed the categorically needy income limit to become eligible if:

- Their gross income after deductions does not exceed the medically needy income limit, or
- They incur medical expenses equal to the amount their income exceeds the medically needy income limit.



Optional Coverage - Medically Needy

- Wisconsin's medically needy income limit for the elderly is \$592 per month.
- The limit is capped at 133% of the group size 2 AFDC payment level and has not increased since the early 1990's.
- The medically needy asset limit is the same as the categorically needy (\$2,000/\$3,000).



Optional Coverage - Medically Needy

Group Size	Wisconsin	Minnesota	Illinois	Michigan	Iowa	Indiana
1	\$592	\$582	\$776	\$408	\$483	No med. needy program
2	\$592	\$781	\$1,041	\$541	\$483	No med. needy program



Optional Coverage - Institutionalized Individuals

Individuals who reside or are likely to remain in a long-term care medical institution for 30 or more days have different income rules.

- Income up to \$1,737 (300% federal SSI benefit rate), or
- Monthly medical costs exceed monthly income after allowed deductions, and
- Assets up to \$2,000 for single, \$3000 for couple



Optional Coverage - Institutionalized Individuals

Group Size	Wisconsin	Minnesota	Illinois	Michigan	Iowa	Indiana
1	\$1,737 or total income is exceeded by cost of care	\$1,737 or total income is exceeded by cost of care	\$1,737 or total income is exceeded by cost of care but allow higher asset level.	\$1,737	\$1,737	\$1,737



Mandatory Cost-Sharing for Institutionalized Persons

Gross Income Minus:

- \$45 personal needs allowance
- Court-ordered guardian or attorney fees
- Monthly health insurance premiums
- Allowance for support of spouse or dependents in community
- Medical services not covered by Medicaid.



Optional Coverage - Waiver Programs

- Categorically needy individuals who are at a nursing home level of care can participate in a home & community based waiver program with no cost share.
- Individuals at a nursing home level of care with income up to \$1,737 per month and assets less than \$2,000 can participate in home & community based waivers and qualify for Medicaid.
- Same deductions as for institutionalized persons.
- Additional deduction for shelter and utility costs.



Optional Coverage - Waiver Programs

- Individuals at a nursing home level of care with income above \$1,737 per month can qualify for Medicaid and waiver services if they have medical expenses that reduce income to \$592 per month and assets below \$2,000.
- All states in region have home and community based waiver programs.



Spousal Asset Protection

Federal law includes protections to prevent the impoverishment of a husband or wife of an institutionalized person who is living in the community.

There are three basic protections:

- Assets
- Income
- Level of Cost Sharing



Spousal Asset Protection

50% of the couple's assets are reserved for the community spouse subject to the following minimums and maximums:

	Wisconsin	Minnesota	Illinois	Michigan	Iowa	Indiana
Community Spouse Asset Share Maximum	\$95,100	\$95,100	\$95,100	\$95,100	\$95,100	\$95,100
Community Spouse Asset Share Minimum	\$50,000	\$26,850	\$95,100	\$19,032	\$24,000	\$19,020

* Community assets exclude the homestead, personal property, one vehicle and burial assets.



Spousal Income Protection

- None of the community spouse's income can be counted.
- Deductions from the institutionalized person's income can bring the community spouse's income up to \$2,377 per month.
- These provisions are uniform for all states.



Divestment

Divestment is the sheltering or transferring of assets for less than their fair market value. It applies to the homestead and all other assets that would be counted for Medicaid.

If an individual applying for or receiving institutionalized Medicaid or Community Waivers has divested, the state will not pay for his/her long term care services for a period of time.

- For individuals participating in the Community Waiver programs this means that they are not eligible for waiver services.
- For those individuals in nursing homes, Medicaid will not pay for their nursing home care until an equivalent level of spending has been achieved, but will cover card services (doctor visits, prescription drugs, etc.).



SSI Maintenance of Effort

- Some Medicaid income limits are based upon SSI payment (federal and state) levels.
- There is a complicated maintenance of effort requirement in federal law and regulation regarding a state's payment of the State Supplement Payment (SSP). This is to prevent states from rolling back their SSP in order to save state dollars.
- As a side effect, this also prevents states from lowering income limits for the elderly, blind and disabled under mandatory categorically needy and under medically needy programs.

